2009 Calendar Year



RECEIVE COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
1015 1015 State House Station, Augusta, Maine 04333 Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775



## MAINE ETHICS COMMISSION

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

**LEGISLATOR INFORMATION** 

Name		Office:
BENNETH FLETC	468	M House ☐ Senate
Mailing/address	TO TO THE PERSON OF THE PERSON	District
Mailing/address  SEQ Garland	CO	54
City, zip code		Phone
W (MS/OW)	0490/	207-872-6760
PART 1. INCOME DERIVE	D FROM EMPLOYMENT BY ANOT	THER
List the name and address of each employer from whom you economic activity of each employer.	ou received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic
	radiess	Activity of Employer
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/10/20	Biblisharye	
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annes de la company de la comp	held Converse	
		франско-настине рекурступту (добра доможни именики именики) из видентового почетова устранова (в се се се <b>фефра</b> принара
No. September 1997		
	RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)	
A. List the name and address of your business, if any, and I	ist the major areas of economic activity	from which you derived income. If
associated with a partnership, firm, professional association, entity.	or similar business entity, list the major	r areas of economic activity of that
		Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar
and a second		business entity)
Name: Fletchen Consulting	Vulp+ Paper	Not active
Address: 382 Garand RP, Winsle ME	Consultant	in 2009
Name:		
Address:		
	The state of the s	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	
B. List each source of income derived from self-employment that represents more than 10% of your g greater, and specify the principal type of economic activity of the entity or person from whom you of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the princentity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Notapplicable	No (ncomo) in 2009
Name: Address:	September of the Control of the Cont
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your fir	mbylorovotoblovotorovolgististopiyiigig kirikinigogalayaki kapaliya pakabababababa o modoloriki kabilististoblo
Name and Address of Firm (self)	(firm)
Name: Address:	
Name: Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include a	ifte. If none check the hox
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gi  None  Name and Address of Source Hade, Co	ifts. If none, check the box.  Kund of Income (investments, leases, etc.)
D None Backer Taren - Parker Taren T	Lesse & Land les
Name: Kimberly Clark Cap P.O Bo x 23826	Kind of Income (investments, leases, etc.)  Consion  Social
Name: None Present former for for for for for former former for former f	Kind of Income (investments, leases, etc.)  Consion  Social
Name: Name: Social Sacrety Administration  Name: Social Sacrety Administration  Address: Jamaica CHR R. Vamaica, NY 119832	Kind of Income (investments, leases, etc.)  Social Saucity  reporting period, and list the major
Name:   None   Name and Address of Source   Name	Kind of Income (investments, leases, etc.)  Social Saucity  reporting period, and list the major
Name: Authority Clark Carp P.O Bo x 23826  Address: Tack Gownde, FL 3224/  Name: Social Security Administration  Address: I Amarca (HR Dz, Vamarca, NY 114832)  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If non-	Kind of Income (investments, leases, etc.)  Social Samuely  reporting period, and list the major
Name:   Kimberly Clark Cap   P.O. Box 23826  Address:   Tack Garwiffe   F.C. 3204   Name:   Social Security Administration   Address:   Tamaica (AR Az , Vamaica , Ny   19832    PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If nor None  Name: Past, Faharly   Legal Secure & Save Our Address:	Kind of Income (investments, leases, etc.)  Social Saucity  reporting period, and list the major ne, check the box.  Principal Type of Economic

	Jude nifts with an angrena		in the second of
List the specific source of each gift of more than \$300. Including none, check the box.	lude gifts with an aggrega	te value of more than \$500 Holl	ı a single source. ıı
None	SSS Control of the Co	entrantification (ASSERTANCE ASSERTANCE ASSE	ethermental Ababak under weep physics over a con-
Name of Source of Gift		Name of Source of Gift	
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2.	\$200,000,000,000,000,000,000,000,000,000	Natura Paganga, Milandi Pangga Angga Paganga Kabanga Pangga Pangg	settenh likitethach librata vanntovych polytyd all tridvianer acc
PART 7 R	EPORTABLE HONORA		
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None	200m (Charles And Charles and Prondermonan Audinovana Spring And Anderson Andrews	Photo Principle of the Company of th	and the second s
Name of Source of Honoraria		Name of Source of Honoraria	Chiling and standing the chillines of the weeking specification is operated by the week to illustrate the chillines of the children of
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	TATION BEFORE STA		
List each executive branch agency before which you represe box.	ented or assisted others for	or compensation of any amount.	If none, check the
None	nakahahatan di sementuk setistahan menenduluk mengan perupuran perupuk perupuk dipendikan di sebah di pilamahan	where the initial property is the property of the property desired and the contract of the property of the p	Palancian parametrizary American variativa Variativa Itrisephili (Waland American)
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PART 9. BUSIN	NESS WITH STATE AG	ENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate family	ly sold goods or services with a	value in excess of
None	vanativataisen ellestatustististististististististististististis	VIII COM COMMANDO PO 227 COMO POR PORTA MADA PROMENSA PARA PARA PARA PARA PARA PARA PARA PA	
Name of Agency		Name of Agency	Appropriate for the second
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2.	4.		
PART 10. INCOME RECEIVE	ED BY MEMBERS OF I	MMFDIATE FAMILY	
List the type of economic activity representing each source of	of income of \$1,000 or mo	ore received by your spouse or o	domestic partner or
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented.	If your spouse or domestic partn	ier received \$1,000
	Type of Economic Activi		
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Received	f Relationship Kind o	of Income
Name: MANY Ellen Flekher	1. medical	Spouse or 1. Per D.	Tem, L
Name: MANY Ellen Fletcher  Job Title: PN NURSE	2.	Partner	replyment
	3.	3.	######################################
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent Child	от при
activity and the kind of income.		Dependent Child	salah settur ortorororororororororororororororororo

☐ None				
Organization/Business and Address	Title	Position Held By:	Family Member'	s Compen- sated?
Since Our Sabartershiprofit	Presedent	self		No
Kenneler Vally Community College - Veneral adversary Council	mander	self	Niver-advanced.	No
1974 (S. 1975) (S. 1 25. 1984) (S. 1976) (S. 1975)	SIGNATURE			
Legislator who willfully fails to file a required statemen	nt is subject to a fine o	f up to \$100. (1	M.R.S.A. § 1017-	-A)
he intentional filing of a false statement is a Class E c	rime. If the Commissi	on concludes tha	at it appears that	•
rillfully filed a false statement, it shall refer its findings of	of fact to the Attorney	General. (1 M.R	.S.A. § 1019)	
•	•			
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Harrell Helets Signature		2/13/1	Ø Date	
Namet Holds Signature		2/13/1	<i>O</i> Date	
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PART 11. OFFICER OR DIRECTOR POSITIONS